

May 6, 2015

# Montana Healthcare Programs Notice

## Physicians, Podiatrists, and Mid-Level Practitioners

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### Anesthesia and Global Service Requirement

With the exception of moderate conscious sedation, Montana Medicaid does not allow separate reporting of anesthesia for a medical or surgical procedure when it is provided by the practitioner performing the procedure.

When billing for anesthesia services, the date of service on the claim form must match the date of service that anesthesia was administered. If the surgery overlaps days, bill the anesthesia only with the **start date**. For continuous services that last beyond midnight, use the date in which the service began and report the total units of time provided continuously.

When billing a medical or surgical procedure, the date of service on the claim form must match the date of service that the procedure was performed. If the procedure has a global component and the provider saw the patient before and/or after the procedure, the provider must bill the global procedure code on the claim form with the date associated for services rendered.

For instance, if a vaginal delivery with antepartum and postpartum care (CPT 59400) is performed, it must be billed using the date of delivery as the *from* and *to* dates of service.

### Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.